Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
9/7/2026		262-446-7800

Use of Form: This form is used by certification / licensing staff to identify statute and / or administrative rule violation(s) and to outline imposed plans of correction, if applicable. This form is used by certified operators / licensed centers to meet the requirements of DCF 202.065, DCF 250.04(2)(i) and (3)(d), DCF 251.04(2)(L) and (3)(f)., DCF 252.41(1)(L) and (2)(k). Failure to submit an appropriate correction plan by the due date listed above may result in sanctions identified in the statute and / or administrative rule. Public Schools may submit plans of correction however are not required to do so.

Instructions: The Noncompliance Statement below identifies the violation(s) of child care statute and / or administrative rule identified by the certification / licensing specialist. Complete the section labeled "Correction Plan" by indicating the steps that will be taken to address and correct each of the listed noncompliance(s). Identify expected completion date(s) for each item. Return the original to your certification / licensing specialist for approval and retain a copy. If this is a licensed child care, post your copy of the noncompliance statement and correction plan near the license in accordance with Wis. Stat. 48.657. This request for a correction plan is not an order imposing a sanction or penalty pursuant to Wis. Stat. 48.715. If the department decides to apply a statutory sanction and / or penalty for facts arising from this finding or a future finding, you will be given a notice of the sanction and / or penalty and your appeal rights.

Name - Certified Operator / Licensed Center		Provider Number / Facility ID Number	
Lake Country Childcare Llc		8000589628 / 001 - 2004137	
Address - Facility (Street, City, State, Zip Code) W287n3700 North Shore Dr Pewaukee WI 530723136	**Telephone Number** 262-696-8098	**Date - Regulation Visit** 8/12/2026	

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.04(6)(a)6. **Child Record - Health History** Description: The heath history form for child #2 is incomplete. Food allergies are listed but there is no triggers, signs to watch for, when to call parents, or when to seek emergency medical treatment.	Parents of all children with allergies were asked to review and complete all needed areas on the Health History form.	9/15/26	
2	251.05(2)(a)3.a. **Staff Record - Physical Examination** Description: Staff B who has been employed for more than 30 days does not have a physical on file saying they are physically able to work with children and are free from illness.	Instead of providing a after visit summary of their doctor visit, the employee has messaged their doctor to complete the Physical form.	10/1/26	

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3	251.06(2)(gm) **Premises - Well Drained, Clean, In Good Repair** Description: One of the sinks in the bathroom is clogged. Staff reported that it has been clogged for several weeks.	Plumber has since came and fixed the issue with the sink	9/1/26	
4	251.06(4)(a) **Fire Extinguishers - Operable, Inspected, Labeled** Description: The fire extinguisher in the kitchen has not been inspected in the last 12 months. It was due for inspection in March 2026. Repeat violation: Previously cited on 3/11/2025	Fire extinguisher was taken for inspection and fire department was notified of the specific fire extinguisher so that it will not be overlooked during their regular checks	9/6/26	
5	251.06(9)(d)1.c. **Food Storage - Cold Storage Thermometers** Description: There was no thermometer in the kitchen refrigerator. Repeat violation: Previously cited on 3/11/2025	Thermometer added to fridge. Kitchen staff was reminded to keep thermometer in fridge and to verify temp daily.	9/1/26	
6	251.07(6)(f)5. **Medication Administration - As Labeled & Authorized** Description: An inhaler for an enrolled child is expired. It expired in January 2025.	Family was asked to bring in a new inhaler. Staff reminded to monitor dates of all medication kept at the center	9/1/26	

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	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date

NAME - Agency Worker
Sara Cooney, Kristin Lange

Date Issued
8/24/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed
9/1/26